Amendments to the Claims

This listing of claims replaces all prior versions and listings of claims in the application.

Listing of Claims

1. (Currently amended) A method for predicting restenosis following coronary intervention, the method comprising:

measuring a lipocalin-type prostaglandin D synthase (L-PGDS) concentration in a body fluid sample extracted from a subject at least twice between immediately before the coronary intervention and 48 hours after the intervention; and

predicting ~~whether restenosis develops or not based on whether the L-PGDS concentration substantially increases or not within 48 hours after the intervention~~ that restenosis does not develop when the L-PGDS concentration increases within 48 hours after the intervention and that restenosis does develop when the L-PGDS concentration does not increase within 48 hours after the intervention.

2. (Previously presented) The method of claim 1 wherein the L-PGDS concentration is measured at least twice within 48 hours after the coronary intervention.

3. (Currently amended) The method of claim 1 wherein the L-PGDS concentration is measured once before and at least once after the coronary intervention.

4. (Original) The method of claim 1 wherein the L-PGDS concentration in the body fluid sample is measured using an immunological measuring method.

5. (Original) The method of claim 1 wherein the body fluid sample is blood or urine.

6. (Original) The method of claim 5 wherein the body fluid sample is blood taken from a

coronary or peripheral blood.

7. (Original) The method of claim 1 wherein coronary intervention is percutaneous transluminal coronary angioplasty (PTCA), directional coronary atherectomy (DCA), transluminal extraction catheter (TEC), rotary atherectomy coronary angioplasty (Rotablator), excimer laser coronary angioplasty, or intracoronary stenting.

8. (Cancelled)

9. (Cancelled)

10. (Cancelled)

11. (Currently amended) The method of claim [[9]] 1 wherein the L-PGDS concentration is measured at least once before and once after the coronary intervention.

12. (Currently amended) The method of claim [[9]] 1 wherein, when the L-PGDS concentration increases within 48 hours after the intervention, the L-PGDS concentration decreases immediately after the intervention and then ~~substantially~~ increases within 48 hours after the intervention.

13. (Currently amended) The method of claim [[9]] 1 wherein the L-PGD[[A]]S concentration is measured immediately before the coronary intervention and at 48 hours after the coronary intervention.

14. (Currently amended) The method of claim [[9]] 1 wherein the L-PGD[[A]]S concentration is measured immediately before the coronary intervention, immediately after the coronary intervention, and at 24 hours and 48 hours after the coronary intervention.

15. (Previously presented) The method of claim 2, wherein the L-PGDS concentration is measured immediately after the coronary intervention and at 24 hours after the coronary intervention.

16. (Previously presented) The method of claim 2, wherein the L-PGDS concentration is measured immediately after the coronary intervention and at 48 hours after the coronary intervention.

17. (Currently amended) The method of claim 2, wherein the L-PGDS concentration is measured at 24 hours after the coronary intervention and at 48 hours after the coronary intervention.

18. (Currently amended) The method of claim 3, wherein the L-PGDS concentration is measured immediately [[after]] before the coronary intervention and at 24 hours after the coronary intervention.

19. (Currently amended) The method of claim 3, wherein the L-PGDS concentration is measured immediately [[after]] before the coronary intervention and at 48 hours after the coronary intervention.

20. (New) A method for predicting restenosis in a subject following coronary intervention, the method comprising comparing a lipocalin-type prostaglandin D synthase (L-PGDS) concentration in a first sample of a body fluid to a L-PGDS concentration in a second sample of the body fluid,

wherein the first sample is extracted from the subject between immediately before the intervention and 24 hours after the intervention and the second sample is extracted from the subject between 24 hours after the intervention and 48 hours after the intervention, and

wherein, if the concentration in the second sample is higher than that in the first sample, then restenosis is predicted not to occur.

21. (New) A method for predicting restenosis in a subject following coronary intervention, the method comprising:

collecting a first sample and a second sample of a body fluid between 24 hours after the intervention and 48 hours after the intervention; and

comparing a lipocalin-type prostaglandin D synthase (L-PGDS) concentration in the first sample and in the second sample,

wherein, if the concentration in the second sample is higher than that in the first sample, then restenosis is predicted to occur.

22. (New) The method of claim 20, wherein the first and second samples are extracted from coronary blood and the concentration in the second sample is increased 10% or more relative to the concentration in the first sample.

23. (New) The method of claim 21, wherein the first and second samples are extracted from coronary blood and the concentration in the second sample is increased 10% or more relative to the concentration in the first sample.

24. (New) The method of claim 20, wherein the first and second samples are extracted from the peripheral blood and the concentration in the second sample is increased 17% or more relative to the concentration in the first sample.

25. (New) The method of claim 21, wherein the first and second samples are extracted from the peripheral blood and the concentration in the second sample is increased 17% or more relative to the concentration in the first sample.